

# FEC FORM 3X

## REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

American Health Care Association Political Action Committee

ADDRESS (number and street)

1201 L Street, NW

☐ Check if different than previously reported. (ACC)

Washington

DC

20005

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00006080

3. IS THIS REPORT

☒

NEW (N)

OR

☐

AMENDED (A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15 Quarterly Report (Q1)☐ July 15 Quarterly Report (Q2)☐ October 15 Quarterly Report (Q3)☐ January 31 Year-End Report (YE)☐ July 31 Mid-Year Report (Non-election Year Only) (MY)☐ Termination Report (TER)

(b) Monthly Report Due On:

☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11) (Non-Election Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12) (Non-Election Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☒ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Ms. Robin Hillier

Signature of Treasurer

Ms. Robin Hillier

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only

### FEC FORM 3X

Rev. 12/2004

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

American Health Care Association Political Action Committee

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y
09		01		2014

To:

M M	/	D D	/	Y Y Y Y
09		30		2014

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <div>Y Y Y Y Y 2014</div>		<div>433429.72</div>
(b) Cash on Hand at Beginning of Reporting Period.....	<div>248881.78</div>	
(c) Total Receipts (from Line 19) .....	<div>63774.58</div>	<div>529175.48</div>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<div>312656.36</div>	<div>962605.20</div>
7. Total Disbursements (from Line 31).....	<div>161513.11</div>	<div>811461.95</div>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<div>151143.25</div>	<div>151143.25</div>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<div>0.00</div>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<div>0.00</div>	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# DETAILED SUMMARY PAGE

## of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

American Health Care Association Political Action Committee

Report Covering the Period:

From:

 M M / D D / Y Y Y Y Y  
 09 01 2014

To:

 M M / D D / Y Y Y Y Y  
 09 30 2014
**I. Receipts**
**COLUMN A**  
**Total This Period**
**COLUMN B**  
**Calendar Year-to-Date**

## 11. Contributions (other than loans) From:

## (a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

61177.31

479113.88

(ii) Unitemized .....

2597.27

22734.60

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

63774.58

501848.48

(b) Political Party Committees .....

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

5000.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) .....

63774.58

506848.48

## 12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

## 13. All Loans Received .....

0.00

0.00

## 14. Loan Repayments Received.....

0.00

0.00

## 15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

## 16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

21327.00

## 17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

1000.00

## 18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3) .....

0.00

0.00

(b) Levin Funds (from Schedule H5) .....

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),  
12, 13, 14, 15, 16, 17, and 18(c))..... ▶

63774.58

529175.48

## 20. Total Federal Receipts

(subtract Line 18(c) from Line 19) .....

63774.58

529175.48

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	1346.44	10928.62
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	1346.44	10928.62
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	153500.00	777000.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	6666.67	8533.33
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	6666.67	8533.33
29. Other Disbursements .....	0.00	15000.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	161513.11	811461.95
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	161513.11	811461.95

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	63774.58	506848.48
34. Total Contribution Refunds (from Line 28(d)) .....	6666.67	8533.33
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	57107.91	498315.15
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ►	1346.44	10928.62
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ..... ►	1346.44	10928.62

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Health Care Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Eileen Baird**

Mailing Address 98 Porters Hill Road

City State Zip Code  
 Trumbull CT 06611

FEC ID number of contributing  
federal political committee.

C

Name of Employer

The Lincoln Healthcare Group

Occupation

Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

09 / 05 / 2014

**Transaction ID : C2818383**

Amount of Each Receipt this Period

2500.00

Full Name (Last, First, Middle Initial)

**B. Harry Baum**

Mailing Address 10315 Johnson Drive

City State Zip Code  
 Shawnee KS 66203

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Sharon Lane Health Services

Occupation

Owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1875.00

Date of Receipt

09 / 20 / 2014

**Transaction ID : C2828531**

Amount of Each Receipt this Period

625.00

Full Name (Last, First, Middle Initial)

**C. David C. Beck**

Mailing Address 5104 Oak Tree Circle

City State Zip Code  
 Dallas TX 75287

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Golden Living

Occupation

Government Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

09 / 23 / 2014

**Transaction ID : C2831915**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

3625.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 61  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Health Care Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Lyn C. Bentley**

Mailing Address 2212 Hidden Valley Ln

City State Zip Code  
Silver Spring MD 20904-5240

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Health Care Association

Occupation  
Senior Director, Regulatory Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.56

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 23 2014

**Transaction ID : C2831929**

Amount of Each Receipt this Period

83.32

\* Payroll Deduction: \$41.66 Bi-Weekly

Full Name (Last, First, Middle Initial)

**B. Heath Boddy**

Mailing Address 2201 N 98th Street

City State Zip Code  
Lincoln NE 68505

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Nebraska Health Care Association

Occupation  
State Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

765.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 12 2014

**Transaction ID : C2823381**

Amount of Each Receipt this Period

85.00

Full Name (Last, First, Middle Initial)

**C. Lane Bowen**

Mailing Address One Ravinia Drive  
Suite 1500

City State Zip Code  
Atlanta GA 30346

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Sava Senior Care

Occupation  
President and COO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 30 2014

**Transaction ID : C2838419**

Amount of Each Receipt this Period

5000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

5168.32

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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FOR LINE NUMBER: PAGE 8 OF 61  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Health Care Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Douglas Burr**

Mailing Address 11851 Wilde Run Court

City State Zip Code  
 Roswell GA 30075

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Navigator LLC

Occupation

VP of Finance, Reimbursement & Gov't R

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

975.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 09 / 25 / 2014

**Transaction ID : C2831900**

Amount of Each Receipt this Period

325.00

Full Name (Last, First, Middle Initial)

**B. Steven E. Chies**

Mailing Address 7651 Old Central Ave NE

City State Zip Code  
 Fridley MN 55432

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Benedictine Health System

Occupation

Senior VP, Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 09 / 12 / 2014

**Transaction ID : C2823328**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Beth Coplin**

Mailing Address 106 Shawnee Cir.

City State Zip Code  
 West Monroe LA 71291

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Landmark Nursing & Rehab Center

Occupation

Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 09 / 17 / 2014

**Transaction ID : C2826379**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1075.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 OF 61  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Health Care Association Political Action Committee**

Full Name (Last, First, Middle Initial)

## **A. Peter Corless**

Mailing Address 3308 Overlook Ridge Rd

City Prospect State KY Zip Code 40059-8577

FEC ID number of contributing federal political committee.

C

Name of Employer  
American Health Care Association

Occupation  
Regional Multi-Facility Liaison

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

09 / 23 / 2014

Transaction ID : C2831930

Amount of Each Receipt this Period

40.00

\* Payroll Deduction: \$20.00 Bi-Weekly

Full Name (Last, First, Middle Initial)

## **B. Randall Cyphers**

Mailing Address 14591 SE Hemmen Ave

City Clackamas State OR Zip Code 97015

FEC ID number of contributing federal political committee.

C

Name of Employer  
Brookdale Senior Living

Occupation  
VP, Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 19 / 2014

Transaction ID : C2828513

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

## **C. David Ellis**

Mailing Address 20 Glover Avenue  
1st Floor

City Norwalk State CT Zip Code 06850

FEC ID number of contributing federal political committee.

C

Name of Employer  
Lincoln Healthcare Group

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

09 / 04 / 2014

Transaction ID : C2817933

Amount of Each Receipt this Period

5000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

5290.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 OF 61  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Health Care Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Joanne E Erickson**

Mailing Address 911 S Randolph St

City State Zip Code  
Arlington VA 22204-1564

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Health Care Association

Occupation  
Editor in Chief, Provider Magazine

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

652.20

Date of Receipt

09 / 23 / 2014

**Transaction ID : C2831932**

Amount of Each Receipt this Period

86.96

\* Payroll Deduction: \$43.48 Bi-Weekly

Full Name (Last, First, Middle Initial)

**B. Carol Ernst**

Mailing Address 9601 Leighton Ave

City State Zip Code  
Lincoln NE 68507

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Eastmont Towers

Occupation  
Executive Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 25 / 2014

**Transaction ID : C2831939**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Patrick Fairbanks**

Mailing Address 19915 Nina St.

City State Zip Code  
Omaha NE 68130

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Vetter Health Services

Occupation  
COO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

09 / 25 / 2014

**Transaction ID : C2831901**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

586.96

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
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PAGE 11 OF 61

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Health Care Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Debra Finneran**

Mailing Address 6939 Wythe Hill Circle

City

State

Zip Code

Prospect

KY

40059

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Masonic Homes of Kentucky

VP, Clinical Quality Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

09 / 26 / 2014

Transaction ID : C2833596

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. William J. Griffith**

Mailing Address 1421 T Street, NW  
Apt. #1

City

State

Zip Code

Washington

DC

20009

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

American Health Care Association

Manager, Political Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.28

Date of Receipt

09 / 23 / 2014

Transaction ID : C2831933

Amount of Each Receipt this Period

41.66

\* Payroll Deduction: \$20.83 Bi-Weekly

Full Name (Last, First, Middle Initial)

**c. Jennifer S Hahs**

Mailing Address 12423 Flint Street

City

State

Zip Code

Overland Park

KS

66213

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

American Health Care Association

Senior Director, Political Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

652.20

Date of Receipt

09 / 23 / 2014

Transaction ID : C2831934

Amount of Each Receipt this Period

86.96

\* Payroll Deduction: \$43.48 Bi-Weekly

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

628.62

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 12 OF 61

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Health Care Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Glenn Hendrix**

Mailing Address 3907 Club Drive

City State Zip Code  
 Atlanta GA 30319

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Arnall Golden Gregory LLP

Occupation

Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 09 / 26 / 2014

**Transaction ID : C2833626**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Richard Herrick**

Mailing Address 33 Elk Street

City State Zip Code  
 Albany NY 12207

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NYS Health Facilities Association

Occupation

President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 09 / 07 / 2014

**Transaction ID : C2819668**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Todd Hightower**

Mailing Address 217 Lakewood Road

City State Zip Code  
 Van Buren AR 72956

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Healthmark Services

Occupation

Owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 09 / 23 / 2014

**Transaction ID : C2831919**

Amount of Each Receipt this Period

5000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

5500.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Health Care Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Robin L. Hillier**

Mailing Address 4433 Pebble Creek Ln

City State Zip Code  
 Long Grove IL 60047-5283

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Lake Point Rehab and Nursing Center

Occupation  
 Owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3750.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 09 / 20 / 2014

**Transaction ID : C2828527**

Amount of Each Receipt this Period

1250.00

Full Name (Last, First, Middle Initial)

**B. Holly Jarek**

Mailing Address 118B Hollis St

City State Zip Code  
 Groton MA 01450-1355

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Seven Hills Foundation

Occupation  
 Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 09 / 30 / 2014

**Transaction ID : C2838421**

Amount of Each Receipt this Period

625.00

Full Name (Last, First, Middle Initial)

**C. Elizabeth Johnson**

Mailing Address 9403 Mill Brook Road

City State Zip Code  
 Louisville KY 40223

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Kentucky Association of Health Care Fa

Occupation  
 President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 09 / 21 / 2014

**Transaction ID : C2828568**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

2125.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 OF 61

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

**A. Carole Jones**

Mailing Address 5601 Seminary Road, Apt. 2505N

City State Zip Code  
 Falls Church VA 22041

FEC ID number of contributing federal political committee.

C

Name of Employer

American Health Care Association

Occupation

Executive Assistant to the President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 09 / 17 / 2014

Transaction ID : C2826380

Amount of Each Receipt this Period

75.00

Full Name (Last, First, Middle Initial)

**B. Cheryl Killian**

Mailing Address 3801 Woodside Dr

City State Zip Code  
 Arlington TX 76016-3030

FEC ID number of contributing federal political committee.

C

Name of Employer

Legacy Care Centers Inc.

Occupation

President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 09 / 26 / 2014

Transaction ID : C2838558

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**C. David A Kylo**

Mailing Address 4621 28th Road South

City State Zip Code  
 Arlington VA 22206

FEC ID number of contributing federal political committee.

C

Name of Employer

National Center for Assisted Living

Occupation

Executive Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1630.50

Date of Receipt

M M / D D / Y Y Y Y Y  
 09 / 23 / 2014

Transaction ID : C2831936

Amount of Each Receipt this Period

217.40

\* Payroll Deduction: \$108.70 Bi-Weekly

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

317.40

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 OF 61

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

**A. Meg LaPorte**

Mailing Address 7708 Meadow Lane

City State Zip Code  
 Chevy Chase MD 20815

FEC ID number of contributing federal political committee.

C

Name of Employer

AHCA/NCAL

Occupation

Senior Policy Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

233.28

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 09 23 2014

Transaction ID : C2831940

Amount of Each Receipt this Period

29.16

\* Payroll Deduction: \$14.58 Bi-Weekly

Full Name (Last, First, Middle Initial)

**B. Randy Lee**

Mailing Address 176 Laurelhurst Ave

City State Zip Code  
 Columbia SC 29210-3824

FEC ID number of contributing federal political committee.

C

Name of Employer

South Carolina Health Care Assn

Occupation

Executive Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 09 29 2014

Transaction ID : C2834389

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. William Bruce Levering**

Mailing Address 6180 Sparta Road

City State Zip Code  
 Fredericktown OH 43019

FEC ID number of contributing federal political committee.

C

Name of Employer

Levering Management

Occupation

CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 09 17 2014

Transaction ID : C2826378

Amount of Each Receipt this Period

2500.00

SUBTOTAL of Receipts This Page (optional)..... ►

3529.16

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Health Care Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Lawrence Lopardo**

Mailing Address 25117 SW Parkway

City

Wilsonville

State

OR

Zip Code

97070

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Avamere Health Services, LLC

Occupation

General Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 27 / 2014

**Transaction ID : C2833762**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Tim Lukenda**

Mailing Address 111 West Michigan Street

City

Milwaukee

State

WI

Zip Code

53203

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Extencicare Health Services

Occupation

President & CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

09 / 30 / 2014

**Transaction ID : C2838420**

Amount of Each Receipt this Period

5000.00

Full Name (Last, First, Middle Initial)

**C. Sarah L. Marks**

Mailing Address 289 Mountain Road

City

Abton

State

VA

Zip Code

22920

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Consulate Management

Occupation

VP of Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

09 / 05 / 2014

**Transaction ID : C2818009**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

5750.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

**A. Bethany R Martino**

Mailing Address 8559 Window Latch Way

City State Zip Code  
 Columbia MD 21045

FEC ID number of contributing federal political committee.

C

Name of Employer

American Health Care Association

Occupation

Vice President, Public Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

636.30

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 09 23 2014

Transaction ID : C2831941

Amount of Each Receipt this Period

90.90

\* Payroll Deduction: \$45.45 Bi-Weekly

Full Name (Last, First, Middle Initial)

**B. Jill Mendlen**Mailing Address 6155 Cornerstone Center East  
Suite 220

City State Zip Code  
 San Diego CA 92121-4737

FEC ID number of contributing federal political committee.

C

Name of Employer

LightBridge Hospice &amp; Palliative Care

Occupation

President/CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 09 05 2014

Transaction ID : C2818036

Amount of Each Receipt this Period

750.00

Full Name (Last, First, Middle Initial)

**C. Richard Mendlen**

Mailing Address 2151 Calle Poco

City State Zip Code  
 San Diego CA 92019

FEC ID number of contributing federal political committee.

C

Name of Employer

Kennon S. Shea &amp; Associates

Occupation

COO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 09 05 2014

Transaction ID : C2818037

Amount of Each Receipt this Period

417.00

SUBTOTAL of Receipts This Page (optional)..... ►

1257.90

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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FOR LINE NUMBER: PAGE 18 OF 61

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**American Health Care Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Jeff Mukamal**

Mailing Address 1641 Stannard Trail

City State Zip Code  
 Raleigh NC 27612

FEC ID number of contributing  
federal political committee.

C

Name of Employer Occupation  
 Providence Management and Development VP of Healthcare Consulting

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 09 17 2014

**Transaction ID : C2826242**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Marvin J. Ostreicher**

Mailing Address 46 Stauderman Ave

City State Zip Code  
 Lynbrook NY 11563-2524

FEC ID number of contributing  
federal political committee.

C

Name of Employer Occupation  
 National Health Care Associates, Inc. President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 09 23 2014

**Transaction ID : C2831924**

Amount of Each Receipt this Period

5000.00

Full Name (Last, First, Middle Initial)

**C. Julie C Painter**

Mailing Address 5023 Waple Ln

City State Zip Code  
 Alexandria VA 22304-7727

FEC ID number of contributing  
federal political committee.

C

Name of Employer Occupation  
 American Health Care Association Vice President of Constituency Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

326.10

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 09 23 2014

**Transaction ID : C2831942**

Amount of Each Receipt this Period

43.48

\* Payroll Deduction: \$21.74 Bi-Weekly

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

5543.48

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**American Health Care Association Political Action Committee**

Full Name (Last, First, Middle Initial)

## **A. Christopher Parks**

Mailing Address 1730 Truro Rd

City

Crofton

State

MD

Zip Code

21114-2520

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Health Care Association

Occupation

Director of IT and Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

323.68

Date of Receipt

09 / 23 / 2014

Transaction ID : C2831943

Amount of Each Receipt this Period

41.66

\* Payroll Deduction: \$20.83 Bi-Weekly

Full Name (Last, First, Middle Initial)

## **B. William J. Pascocello**

Mailing Address 29 Sunnyside Way

City

New Rochelle

State

NY

Zip Code

10804

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Kingsbridge Heights Rehabilitation & C

Occupation

Partner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

09 / 13 / 2014

Transaction ID : C2824933

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

## **C. William J. Pascocello**

Mailing Address 29 Sunnyside Way

City

New Rochelle

State

NY

Zip Code

10804

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Kingsbridge Heights Rehabilitation & C

Occupation

Partner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

09 / 13 / 2014

Transaction ID : C2824934

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

2041.66

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

**A. Gary Porter**

Mailing Address PO Box 128

City State Zip Code  
Ardmore OK 73402

FEC ID number of contributing federal political committee.

C

Name of Employer

Premier Health Care, LLC

Occupation

Owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 20 / 2014

Transaction ID : C2828529

Amount of Each Receipt this Period

1250.00

Full Name (Last, First, Middle Initial)

**B. Martin Porter**

Mailing Address PO Box 128

City State Zip Code  
Ardmore OK 73402-0128

FEC ID number of contributing federal political committee.

C

Name of Employer

Premier Health Care, LLC

Occupation

COO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 20 / 2014

Transaction ID : C2828528

Amount of Each Receipt this Period

1250.00

Full Name (Last, First, Middle Initial)

**C. Katherine Preede**Mailing Address 1200 S Courthouse Road  
Apt 428

City State Zip Code  
Arlington VA 22204

FEC ID number of contributing federal political committee.

C

Name of Employer

AHCA/NCAL

Occupation

Director, Membership &amp; Business Develo

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.28

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 23 / 2014

Transaction ID : C2831944

Amount of Each Receipt this Period

41.66

\* Payroll Deduction: \$20.83 Bi-Weekly

SUBTOTAL of Receipts This Page (optional)..... ►

2541.66

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**American Health Care Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Karen Root**

Mailing Address 394 West 400 North

City

Orem

State

UT

Zip Code

84057-4663

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Mesa Vista

Occupation

Owner/Administrator

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 19 / 2014

**Transaction ID : C2827450**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Angelo Rotella**

Mailing Address 4 Pond View Ct

City

Smithfield

State

RI

Zip Code

02917-1773

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Friendly Home

Occupation

Owner

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

09 / 29 / 2014

**Transaction ID : C2834404**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Matthew Rotella**

Mailing Address 4 Pond View Ct

City

Smithfield

State

RI

Zip Code

02917

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Friendly Home

Occupation

Administrator

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

09 / 29 / 2014

**Transaction ID : C2834401**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1750.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 OF 61  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Health Care Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. David M. Rumford**

Mailing Address 8605 Centreville Road

City State Zip Code  
 Manassas VA 20110

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Birmingham Green

Occupation

CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 09 / 05 / 2014

**Transaction ID : C2818007**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Martin Sbriglio**

Mailing Address 88 Ryders Landing  
 Ste 208

City State Zip Code  
 Stratford CT 06614-1666

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Ryders Health Management

Occupation

Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 09 / 08 / 2014

**Transaction ID : C2852601**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Gerald Schroer Jr.**

Mailing Address 339 East Maple Street  
 Suite 100

City State Zip Code  
 North Canton OH 44720

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Absolute Health Services

Occupation

President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3750.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 09 / 23 / 2014

**Transaction ID : C2831920**

Amount of Each Receipt this Period

1250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

2000.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Health Care Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Shawn Scott**

Mailing Address One Medline Place

City State Zip Code  
Mundelein IL 60060

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Medline

Senior VP HC Corporate Sales

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 21 2014

**Transaction ID : C2828571**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Jennifer S Shimer**

Mailing Address 9507 Shelly Krasnow Ln

City State Zip Code  
Fairfax VA 22031-4720

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

American Health Care Association

COO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

636.30

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 23 2014

**Transaction ID : C2831947**

Amount of Each Receipt this Period

90.90

\* Payroll Deduction: \$45.45 Bi-Weekly

Full Name (Last, First, Middle Initial)

**C. Christopher Stenger**

Mailing Address 9914 Kershope Forest Ct

City State Zip Code  
Spring TX 77379

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

SavaSeniorCare Admin Svcs LLC

VP, Reimbursement

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 08 2014

**Transaction ID : C2821814**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

590.90

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 OF 61  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Health Care Association Political Action Committee**

Full Name (Last, First, Middle Initial)

## **A. Nicholas Thisse**

Mailing Address 80 Access Rd

City State Zip Code  
 Norwood MA 02062

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Rehab Associates

Occupation

Owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 09 / 17 / 2014

**Transaction ID : C2826178**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

## **B. James W. Unverferth**

Mailing Address 1100 Shawnee Rd

City State Zip Code  
 Lima OH 45805-3529

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HCF Management, Inc.

Occupation

President & CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 09 / 26 / 2014

**Transaction ID : C2833222**

Amount of Each Receipt this Period

1250.00

Full Name (Last, First, Middle Initial)

## **C. Peter Van Runkle**

Mailing Address 55 Green Meadows Drive S.

City State Zip Code  
 Lewis Center OH 43035

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Ohio Health Care Association

Occupation

Associate Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 09 / 20 / 2014

**Transaction ID : C2828530**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

2500.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 OF 61  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Health Care Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Robert L. Wehner**

Mailing Address 4935 Lafayette Plain City Rd.

City State Zip Code  
London OH 43140

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Wesley Glen

Occupation

Chief Financial Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

481.25

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 04 / 2014

**Transaction ID : C2817917**

Amount of Each Receipt this Period

206.25

Full Name (Last, First, Middle Initial)

**B. Maureen Wern**

Mailing Address 140 Kingston Court, NE

City State Zip Code  
Warren OH 44484

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Wern & Associates, Inc.

Occupation

President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 08 / 2014

**Transaction ID : C2852600**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Nile Whitney**

Mailing Address 3448 Hidden Valley Rd.

City State Zip Code  
Long Grove IL 60047

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Medline Industries

Occupation

Sales Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 23 / 2014

**Transaction ID : C2831912**

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

481.25

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 OF 61

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

**A. Harmony House LLC**

Mailing Address PO Box 829

City State Zip Code  
 Brewster WA 98812

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 09 17 2014

Transaction ID : C2826381

Amount of Each Receipt this Period

375.00

PARTNERSHIP--partners below if itemized

Full Name (Last, First, Middle Initial)

**B. Jerry R. Tretwold**

Mailing Address PO Box 829

City State Zip Code  
 Brewster WA 98812-0829

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Harmony House Health Care Center

Owner/ Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 09 17 2014

Transaction ID : C2826382

Amount of Each Receipt this Period

375.00

[MEMO ITEM]

\*

Full Name (Last, First, Middle Initial)

**C. Plantation Management Co., LLC**

Mailing Address 301 Veterans Blvd.

City State Zip Code  
 Denham Springs LA 70726

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 09 23 2014

Transaction ID : C2831922

Amount of Each Receipt this Period

5000.00

PARTNERSHIP--partners below if itemized

SUBTOTAL of Receipts This Page (optional)..... ►

5375.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 27 OF 61

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Health Care Association Political Action Committee**

Full Name (Last, First, Middle Initial)

## **A. Buster Quirk**

Mailing Address 301 Veterans Boulevard

City State Zip Code  
 Denham Springs LA 70726

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Plantation Management Corporation, LLC

Occupation  
 Owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 09 23 2014

**Transaction ID : C2831923**

Amount of Each Receipt this Period

5000.00

**[MEMO ITEM]**

\*

Full Name (Last, First, Middle Initial)

## **B. Pilgrim River, LLC**

Mailing Address 393 Amwell Rd  
 DBA The Avalon at Hillsborough

City State Zip Code  
 Hillsborough NJ 08844-1249

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 09 23 2014

**Transaction ID : C2831925**

Amount of Each Receipt this Period

500.00

PARTNERSHIP--partners below if itemized

Full Name (Last, First, Middle Initial)

## **C. Donald Pelligrino**

Mailing Address 393 Amwell Road

City State Zip Code  
 Hillsborough NJ 08844

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Bridgeway Senior Healthcare

Occupation  
 CEO/Owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1001.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 09 23 2014

**Transaction ID : C2831926**

Amount of Each Receipt this Period

500.00

**[MEMO ITEM]**

\*

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

500.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 28 OF 61

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Health Care Association Political Action Committee**

Full Name (Last, First, Middle Initial)

## **A. Bridgeway Assisted Living, LLC**

Mailing Address DBA The Avalon at Bridgewater  
555 Route 28

City State Zip Code  
Bridgewater NJ 08807

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY  
09 / 23 / 2014

**Transaction ID : C2831927**

Amount of Each Receipt this Period

500.00

PARTNERSHIP--partners below if itemized

Full Name (Last, First, Middle Initial)

## **B. Jon Dugenio**

Mailing Address 565 Rt. 28

City State Zip Code  
Bridgewater NJ 08807

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Bridgeway Senior Health Care

Owner/CIO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY  
09 / 23 / 2014

**Transaction ID : C2831928**

Amount of Each Receipt this Period

500.00

[MEMO ITEM]

\*

Full Name (Last, First, Middle Initial)

## **C. B.S.M.C., LLC**

Mailing Address DBA Brookside Inn  
1297 S. Perry Street

City State Zip Code  
Castle Rock CO 80104

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

MM / DD / YYYY  
09 / 08 / 2014

**Transaction ID : C2852602**

Amount of Each Receipt this Period

1500.00

PARTNERSHIP--partners below if itemized

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

2000.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 29 OF 61

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

**A. DeVona K. Schumann**

Mailing Address PO Box 1387

City State Zip Code  
 Castle Rock CO 80104

FEC ID number of contributing federal political committee.

C

Name of Employer

Brookside Inn

Occupation

Managing Partner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 09 08 2014

Transaction ID : C2852605

Amount of Each Receipt this Period

750.00

[MEMO ITEM]

\*

Full Name (Last, First, Middle Initial)

**B. Frederick A. Schumann**

Mailing Address PO Box 1387

City State Zip Code  
 Castle Rock CO 80104

FEC ID number of contributing federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 09 08 2014

Transaction ID : C2852603

Amount of Each Receipt this Period

750.00

[MEMO ITEM]

\*

Full Name (Last, First, Middle Initial)

**C. SSWL, LLC**

Mailing Address DBA Bamboo Castle Consulting  
 2015 South Emerson St.

City State Zip Code  
 Denver CO 80210

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 09 08 2014

Transaction ID : C2852606

Amount of Each Receipt this Period

1000.00

PARTNERSHIP--partners below if itemized

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1000.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 30 OF 61

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Health Care Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Sarah C. Schumann**

Mailing Address 2015 S. Emerson Street

City State Zip Code  
 Denver CO 80210

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Brookside Inn

Occupation

Vice President of Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 09 08 2014

**Transaction ID : C2852607**

Amount of Each Receipt this Period

1000.00

**[MEMO ITEM]**

\*

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City State Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

0.00

61177.31

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 31 OF 61

☒ 21b    ☐ 22    ☐ 23    ☐ 24    ☐ 25    ☐ 26  
☐ 27    ☐ 28a    ☐ 28b    ☐ 28c    ☐ 29    ☐ 30b

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

**A. American Express**

Mailing Address PO Box 53773

City State Zip Code  
Phoenix AZ 85072-3773
Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y  
09 08 2014

Transaction ID : D162289

Amount of Each Disbursement this Period

160.00

Full Name (Last, First, Middle Initial)

**B. American Express**

Mailing Address PO Box 53773

City State Zip Code  
Phoenix AZ 85072-3773
Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y  
09 09 2014

Transaction ID : D162290

Amount of Each Disbursement this Period

80.00

Full Name (Last, First, Middle Initial)

**C. American Express**

Mailing Address PO Box 53773

City State Zip Code  
Phoenix AZ 85072-3773
Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y  
09 15 2014

Transaction ID : D162292

Amount of Each Disbursement this Period

2.40

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

242.40

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 32 OF 61

☒ 21b    ☐ 22    ☐ 23    ☐ 24    ☐ 25    ☐ 26  
☐ 27    ☐ 28a    ☐ 28b    ☐ 28c    ☐ 29    ☐ 30b

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NAME OF COMMITTEE (In Full)

**American Health Care Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. American Express**

Mailing Address PO Box 53773

City State Zip Code  
Phoenix AZ 85072-3773
Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
09 16 2014
**Transaction ID : D162293**

Amount of Each Disbursement this Period

3.20

Full Name (Last, First, Middle Initial)

**B. American Express**

Mailing Address PO Box 53773

City State Zip Code  
Phoenix AZ 85072-3773
Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
09 17 2014
**Transaction ID : D162294**

Amount of Each Disbursement this Period

64.00

Full Name (Last, First, Middle Initial)

**C. American Express**

Mailing Address PO Box 53773

City State Zip Code  
Phoenix AZ 85072-3773
Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
09 22 2014
**Transaction ID : D162295**

Amount of Each Disbursement this Period

35.20

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

102.40



<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

American Health Care Association Political Action Committee

Category/  
Type

8.00

State:  District:

Category/  
Type

120.00

State:  District:

09 / 25 / 2014

Category/  
Type

State:  District:

140.52

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

American Health Care Association Political Action Committee

Category/  
Type

0.64

State:  District:

MM / DD / YYYY

Category/  
Type

13.60

State:  District:

Three digital displays are shown, each with a row of small squares above the main display area. The first display shows '09' with two squares above it. The second display shows '30' with two squares above it. The third display shows '2014' with four squares above it.

Category/  
Type

12.00

State:  District:

26.24

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

American Health Care Association Political Action Committee

#### A. BB&T Merchant Services

Date of Disbursement

09 / 15 / 2014

Transaction ID : D162287

Amount of Each Disbursement this Period

Category/  
Type

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

State:  District:

459.68

### B. BB&T

Date of Disbursement

MM / DD / YYYY

Transaction ID : D162278

Amount of Each Disbursement this Period

Category/  
Type

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

State:  District:

314.64

### C. BB&T

Date of Disbursement

09 / 22 / 2014

Transaction ID : D162279

Amount of Each Disbursement this Period

Category/  
Type

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

State:  District:

60.56

**SUBTOTAL** of Disbursements This Page (optional).....

834.88

**TOTAL** This Period (last page this line number only).....

1346.44

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 36 OF 61

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

**American Health Care Association Political Action Committee**

Full Name (Last, First, Middle Initial)

## **A. ALAMO PAC**

Mailing Address 919 CONGRESS AVE SUITE 1400  
FROST BANK PLAZA

City Austin State TX Zip Code 78701

Purpose of Disbursement  
Contribution

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
 State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y  
 09 / 23 / 2014

**Transaction ID : D161394**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

## **B. CITIZENS FOR BOYLE**

Mailing Address PO BOX 11545

City Philadelphia State PA Zip Code 19116

Purpose of Disbursement  
Contribution

Candidate Name

**Brendan F. Boyle**

Office Sought: ☒ House  
☐ Senate  
☐ President  
 State: PA District: 13

Disbursement For: 2014  
☐ Primary ☒ General  
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y  
 09 / 16 / 2014

**Transaction ID : D161133**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

## **C. COMMON SENSE COLORADO**

Mailing Address PO Box 1978

City Denver State CO Zip Code 80201-1978

Purpose of Disbursement  
Contribution

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
 State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y  
 09 / 09 / 2014

**Transaction ID : D160869**

Amount of Each Disbursement this Period

2500.00

**SUBTOTAL** of Disbursements This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

6000.00

	21b		22	X	23		24		25		26
	27		28a		28b		28c		29		30b

American Health Care Association Political Action Committee

### A. DONALD NORCROSS FOR CONGRESS

Date of Disbursement

Transaction ID : D161031

Amount of Each Disbursement this Period

Category/  
Type

DONALD W NORCROSS

Disbursement For: 2014

☐ Primary ☒ General

☐ Other (specify) ▼

State: NJ District: 01

Full Name (Last, First, Middle Initial)

## B. FRIENDS OF PATRICK MURPHY

Date of Disbursement

MM / DD / YYYY

City	State	Zip Code
Palm Beach Gardens	FL	33418

Transaction ID : D160898

Purpose of Disbursement	Contribution
1. To provide for the maintenance and repair of the building	10%
2. To provide for the maintenance and repair of the furniture and fixtures	5%
3. To provide for the maintenance and repair of the equipment	5%
4. To provide for the maintenance and repair of the vehicles	5%
5. To provide for the maintenance and repair of the other assets	5%
6. To provide for the maintenance and repair of the land	5%
7. To provide for the maintenance and repair of the other assets	5%
8. To provide for the maintenance and repair of the other assets	5%
9. To provide for the maintenance and repair of the other assets	5%
10. To provide for the maintenance and repair of the other assets	5%

Amount of Each Disbursement this Period

Candidate Name

Category/  
Type

Rep. Patrick Murphy

Office Sought:	<input checked="" type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For: 2014

☐ Primary ☒ General

☐ Other (specify) ▼

State: FL District: 18

Full Name (Last, First, Middle Initial)

### C. FRIENDS OF PATRICK MURPHY

Date of Disbursement

09 / 09 / 2014

City	State	Zip Code
Palm Beach Gardens	FL	33418

Transaction ID : D160903

Purpose of Disbursement	Contribution
1. To provide for the maintenance and repair of the building	10%
2. To provide for the maintenance and repair of the furniture and fixtures	10%
3. To provide for the maintenance and repair of the equipment	10%
4. To provide for the maintenance and repair of the vehicles	10%
5. To provide for the maintenance and repair of the other assets	10%
6. To provide for the maintenance and repair of the land	10%
7. To provide for the maintenance and repair of the other assets	10%
8. To provide for the maintenance and repair of the other assets	10%
9. To provide for the maintenance and repair of the other assets	10%
10. To provide for the maintenance and repair of the other assets	10%

Amount of Each Disbursement this Period

Candidate Name

Category/  
Type

Rep. Patrick Murphy

Office Sought:	<input checked="" type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For: 2014

☐ Primary ☒ General

☐ Other (specify) ▼

State: FL District: 18

**SUBTOTAL** of Disbursements This Page (optional).....

5500.00

**TOTAL** This Period (last page this line number only).....

\_\_\_\_\_

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 38 OF 61

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

**A. JOBS, OPPORTUNITIES AND EDUCATION, PAC (JOE-PAC)**

Mailing Address 84-54 Grand Avenue

City	State	Zip Code
Elmhurst	NY	11373

Purpose of Disbursement  
Contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		02		2014

Transaction ID : D160750

Amount of Each Disbursement this Period

4000.00
---------

Full Name (Last, First, Middle Initial)

**B. LEADERSHIP OF TODAY AND TOMORROW**

Mailing Address 607 14TH STREET NW SUITE 800

City	State	Zip Code
WASHINGTON	DC	20005

Purpose of Disbursement  
Contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		09		2014

Transaction ID : D160891

Amount of Each Disbursement this Period

4000.00
---------

Full Name (Last, First, Middle Initial)

**C. LOEBSACK FOR CONGRESS**

Mailing Address PO Box 3013

City	State	Zip Code
Iowa City	IA	52244

Purpose of Disbursement  
Contribution

Candidate Name

Rep. Dave Loebsack

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: IA District: 02

Disbursement For:	2014
	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		18		2014

Transaction ID : D161296

Amount of Each Disbursement this Period

2500.00
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SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

10500.00
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 40 OF 61

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

**A. PRIORITY PAC**

Mailing Address 12 Blue Ridge Circle

City	State	Zip Code
Little Rock	AR	72207

Purpose of Disbursement  
Contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	12	/	2014

Transaction ID : D161020

Amount of Each Disbursement this Period

1500.00
---------

Full Name (Last, First, Middle Initial)

**B. PRIORITY PAC**

Mailing Address 12 Blue Ridge Circle

City	State	Zip Code
Little Rock	AR	72207

Purpose of Disbursement  
Contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	12	/	2014

Transaction ID : D161021

Amount of Each Disbursement this Period

3500.00
---------

Full Name (Last, First, Middle Initial)

**C. SCHOCK FOR CONGRESS**

Mailing Address PO Box 10555

City	State	Zip Code
Peoria	IL	61612

Purpose of Disbursement  
Contribution

Candidate Name

Rep. Aaron Schock

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: IL District: 18

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	09	/	2014

Transaction ID : D160885

Amount of Each Disbursement this Period

2500.00
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SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

7500.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 41 OF 61

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American Health Care Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. ADRIAN SMITH FOR CONGRESS**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	09	/	2014

Mailing Address 3321 AVENUE I  
SUITE 6

City SCOTTSBLUFF State NE Zip Code 69361

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. ADRIAN SMITH**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: NE District: 03

**Transaction ID : D160897**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**B. ANDY HARRIS FOR CONGRESS**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	23	/	2014

Mailing Address PO BOX 1527

City ANNAPOLIS State MD Zip Code 21404

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. ANDREW P HARRIS**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: MD District: 01

**Transaction ID : D161387**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**C. KIRKPATRICK FOR ARIZONA**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	09	/	2014

Mailing Address PO BOX 993

City PRESCOTT State AZ Zip Code 86302

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. ANN KIRKPATRICK**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: AZ District: 01

**Transaction ID : D160894**

Amount of Each Disbursement this Period

1000.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

4500.00
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 42 OF 61

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American Health Care Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. BILL JOHNSON FOR CONGRESS COMMITTEE**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	09	/	2014

Mailing Address P.O. BOX 14496

City	State	Zip Code
POLAND	OH	44514

**Transaction ID : D160876**Purpose of Disbursement  
Contribution

Amount of Each Disbursement this Period

Candidate Name

**Rep. Bill Johnson**Category/  
Type

1000.00
---------

Office Sought: ☒ House  
☐ Senate  
☐ President

State: OH District: 06

Disbursement For: 2014

☐ Primary ☒ General  
☐ Other (specify) ▼

Full Name (Last, First, Middle Initial)

**B. PASCRELL FOR CONGRESS**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	12	/	2014

Mailing Address P.O. BOX 640

City	State	Zip Code
TOTOWA	NJ	07511

**Transaction ID : D161016**Purpose of Disbursement  
Contribution

Amount of Each Disbursement this Period

Candidate Name

**HON. WILLIAM J. PASCRELL JR.**Category/  
Type

3000.00
---------

Office Sought: ☒ House  
☐ Senate  
☐ President

State: NJ District: 08

Disbursement For: 2014

☐ Primary ☒ General  
☐ Other (specify) ▼

Full Name (Last, First, Middle Initial)

**C. CHARLES BOUSTANY JR. MD FOR CONGRESS, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	12	/	2014

Mailing Address PO Box 80126

City	State	Zip Code
Lafayette	LA	70598

**Transaction ID : D161027**Purpose of Disbursement  
Contribution

Amount of Each Disbursement this Period

Candidate Name

**Rep. Charles Boustany Jr.**Category/  
Type

2500.00
---------

Office Sought: ☒ House  
☐ Senate  
☐ President

State: LA District: 03

Disbursement For: 2014

☐ Primary ☒ General  
☐ Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

6500.00
---------

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 43 OF 61

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American Health Care Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. CHARLIE DENT FOR CONGRESS**

Mailing Address PO Box 442

City	State	Zip Code
Allentown	PA	18105

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Charlie Dent**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: PA District: 15

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	09	/	2014

**Transaction ID : D160880**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**B. CHRIS GIBSON FOR CONGRESS**

Mailing Address PO Box 247

City	State	Zip Code
Kinderhook	NY	12106

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Chris Gibson**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: NY District: 19

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	09	/	2014

**Transaction ID : D160883**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**C. FRIENDS OF DAVE REICHERT**

Mailing Address P. O. Box 2032

City	State	Zip Code
Issaquah	WA	98027

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Dave Reichert**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: WA District: 08

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	09	/	2014

**Transaction ID : D160889**

Amount of Each Disbursement this Period

2500.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

7500.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 44 OF 61

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American Health Care Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. BLUMENAUER FOR CONGRESS**

Mailing Address 830 NE Holladay, #105

City	State	Zip Code
Portland	OR	97232

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Earl Blumenauer**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: OR District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		12		2014

**Transaction ID : D161025**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**B. PERLMUTTER FOR CONGRESS**Mailing Address 3440 YOUNGFIELD STREET  
#264

City	State	Zip Code
WHEAT RIDGE	CO	80033

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. EDWIN G PERLMUTTER**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: CO District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		23		2014

**Transaction ID : D161388**

Amount of Each Disbursement this Period

1500.00
---------

Full Name (Last, First, Middle Initial)

**C. WHITFIELD FOR CONGRESS COMMITTEE**

Mailing Address P.O. BOX 391

City	State	Zip Code
HOPKINSVILLE	KY	42241

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Edward Whitfield**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: KY District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		09		2014

**Transaction ID : D160890**

Amount of Each Disbursement this Period

2500.00
---------

**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

6500.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 45 OF 61

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American Health Care Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. FRIENDS OF FRANK GUINTA**

Mailing Address P.O. Box 877

City	State	Zip Code
Manchester	NH	03105

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Frank Guinta**

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: NH District: 01

Disbursement For: 2014

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		23		2014

**Transaction ID : D161391**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. UPTON FOR ALL OF US**

Mailing Address P.O. Box 490

City	State	Zip Code
St. Joseph	MI	49085

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Fred Upton**

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: MI District: 06

Disbursement For: 2014

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		09		2014

**Transaction ID : D160871**

Amount of Each Disbursement this Period

4000.00
---------

Full Name (Last, First, Middle Initial)

**C. GREGG HARPER FOR CONGRESS**

Mailing Address POST OFFICE BOX 54344

City	State	Zip Code
PEARL	MS	39288

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Gregg Harper**

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: MS District: 03

Disbursement For: 2014

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		26		2014

**Transaction ID : D161586**

Amount of Each Disbursement this Period

1000.00
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**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

6000.00
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American Health Care Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. JIM RENACCI FOR CONGRESS**

Mailing Address 150 Smokerise Drive

City	State	Zip Code
Wadsworth	OH	44281

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. James B. Renacci**

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: OH District: 16

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		09		2014

**Transaction ID : D160874**

Amount of Each Disbursement this Period

500.00
--------

Full Name (Last, First, Middle Initial)

**B. FRIENDS OF JIM CLYBURN**

Mailing Address PO BOX 12567

City	State	Zip Code
COLUMBIA	SC	29211

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. James E. Clyburn**

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: SC District: 06

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		12		2014

**Transaction ID : D161028**

Amount of Each Disbursement this Period

5000.00
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Full Name (Last, First, Middle Initial)

**C. CASTRO FOR CONGRESS**

Mailing Address PO BOX 544

City	State	Zip Code
SAN ANTONIO	TX	78292

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Joaquin Castro**

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: TX District: 20

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		09		2014

**Transaction ID : D160878**

Amount of Each Disbursement this Period

1000.00
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**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

6500.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American Health Care Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. COURTNEY FOR CONGRESS**

Mailing Address 38 Risley Road

City Vernon	State CT	Zip Code 06066
----------------	-------------	-------------------

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Joe Courtney**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: CT District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		23		2014

**Transaction ID : D161389**

Amount of Each Disbursement this Period

1500.00
---------

Full Name (Last, First, Middle Initial)

**B. JOE GARCIA FOR CONGRESS**

Mailing Address 1924 FERDINAND ST

City CORAL GABLES	State FL	Zip Code 33134
----------------------	-------------	-------------------

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Joe Garcia**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: FL District: 26

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		02		2014

**Transaction ID : D160748**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**C. LARSON FOR CONGRESS**

Mailing Address 330 Main Street

City Hartford	State CT	Zip Code 06106
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Purpose of Disbursement  
Contribution

Candidate Name

**Rep. John B. Larson**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: CT District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		02		2014

**Transaction ID : D160746**

Amount of Each Disbursement this Period

2500.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

5000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American Health Care Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. JOHN CARNEY FOR CONGRESS**

Mailing Address PO Box 2162

City	State	Zip Code
Wilmington	DE	19899

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. John Carney**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: DE District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	24	/	2014

**Transaction ID : D161464**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**B. CASTOR FOR CONGRESS**

Mailing Address 301 W. Platt Street #385

City	State	Zip Code
Tampa	FL	33606

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Kathy Castor**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: FL District: 14

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	09	/	2014

**Transaction ID : D160901**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**C. KURT SCHRADER FOR CONGRESS**

Mailing Address PO Box 3314

City	State	Zip Code
Oregon City	OR	97045

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Kurt Schrader**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: OR District: 05

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	09	/	2014

**Transaction ID : D160870**

Amount of Each Disbursement this Period

1000.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

4500.00
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American Health Care Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. LEE TERRY FOR CONGRESS**

Mailing Address PO BOX 540098

City	State	Zip Code
OMAHA	NE	68154

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. LEE TERRY**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: NE District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		26		2014

**Transaction ID : D161584**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. LANCE FOR CONGRESS**

Mailing Address PO Box 225

City	State	Zip Code
Colonia	NJ	07067

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Leonard Lance**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: NJ District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		09		2014

**Transaction ID : D160886**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**C. COMMITTEE TO RE-ELECT LINDA SANCHEZ**

Mailing Address 410 1ST ST SE

City	State	Zip Code
WASHINGTON	DC	20003

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Linda T. Sanchez**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: CA District: 38

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		09		2014

**Transaction ID : D160868**

Amount of Each Disbursement this Period

1000.00
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**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

4500.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American Health Care Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. LYNN JENKINS FOR CONGRESS**

Mailing Address P.O. Box 1441

City Topeka	State KS	Zip Code 66601
----------------	-------------	-------------------

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Lynn Jenkins**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: KS District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		02		2014

**Transaction ID : D160749**

Amount of Each Disbursement this Period

1500.00
---------

Full Name (Last, First, Middle Initial)

**B. MICHAEL BURGESS FOR CONGRESS**

Mailing Address PO Box 2334

City Denton	State TX	Zip Code 76202
----------------	-------------	-------------------

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Michael C. Burgess**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: TX District: 26

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		23		2014

**Transaction ID : D161390**

Amount of Each Disbursement this Period

3000.00
---------

Full Name (Last, First, Middle Initial)

**C. FITZPATRICK FOR CONGRESS**

Mailing Address PO Box 185

City Langhorne	State PA	Zip Code 19047
-------------------	-------------	-------------------

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Michael G. Fitzpatrick**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: PA District: 08

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		09		2014

**Transaction ID : D160882**

Amount of Each Disbursement this Period

2500.00
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**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

7000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
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(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American Health Care Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. TIBERI FOR CONGRESS**

Mailing Address 2931 E Dublin Granville Road

City	State	Zip Code
Columbus	OH	43231

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Pat Tiberi**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: OH District: 12

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	09	/	2014

**Transaction ID : D160875**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. PAT MEEHAN FOR CONGRESS**

Mailing Address 50 S. Providence Road

City	State	Zip Code
Media	PA	19063

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Patrick Meehan**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: PA District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	26	/	2014

**Transaction ID : D161585**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**C. RENEE ELLMERS FOR CONGRESS COMMITTEE**

Mailing Address PO BOX 99567

City	State	Zip Code
RALEIGH	NC	27624

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Renee Ellmers**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: NC District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	09	/	2014

**Transaction ID : D160881**

Amount of Each Disbursement this Period

2500.00
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**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

4500.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American Health Care Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. ROB WOODALL FOR CONGRESS**

Mailing Address POST OFFICE BOX 1871

City LAWRENCEVILLE	State GA	Zip Code 30046
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Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Rob Woodall**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: GA District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		09		2014

**Transaction ID : D160892**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. LEVIN FOR CONGRESS**

Mailing Address PO Box 37

City Roseville	State MI	Zip Code 48066
-------------------	-------------	-------------------

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Sander M. Levin**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: MI District: 09

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		09		2014

**Transaction ID : D160877**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**C. DUFFY FOR CONGRESS**

Mailing Address PO Box 538

City Wausau	State WI	Zip Code 54402
----------------	-------------	-------------------

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Sean P. Duffy**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: WI District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		09		2014

**Transaction ID : D160884**

Amount of Each Disbursement this Period

1500.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3500.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
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(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

**A. SCALISE FOR CONGRESS**

Mailing Address PO Box 23219

City  
JeffersonState  
LAZip Code  
70183Purpose of Disbursement  
Contribution

Candidate Name

Rep. Steve Scalise

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☐ Primary ☒ General  
☐ Other (specify) ▼

State: LA

District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		12		2014

Transaction ID : D161022

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**B. STIVERS FOR CONGRESS**

Mailing Address 4679 Winterset Drive

City  
ColumbusState  
OHZip Code  
43220Purpose of Disbursement  
Contribution

Candidate Name

Rep. Steve Stivers

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☐ Primary ☒ General  
☐ Other (specify) ▼

State: OH

District: 15

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		09		2014

Transaction ID : D160888

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**C. WOMACK FOR CONGRESS COMMITTEE**

Mailing Address PO BOX 508

City  
ROGERSState  
ARZip Code  
72757Purpose of Disbursement  
Contribution

Candidate Name

Rep. Steve Womack

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☐ Primary ☒ General  
☐ Other (specify) ▼

State: AR

District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		12		2014

Transaction ID : D161029

Amount of Each Disbursement this Period

2500.00
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SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

6000.00
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
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(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

**A. PRICE FOR CONGRESS**

Mailing Address P.O. Box 425

City	State	Zip Code
Roswell	GA	30077

Purpose of Disbursement  
Contribution

Candidate Name

Rep. Thomas Edmunds Price

Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: GA District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		23		2014

Transaction ID : D161393

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**B. THE BILL KEATING COMMITTEE**

Mailing Address PO BOX 3065

City	State	Zip Code
Buzzards Bay	MA	02532

Purpose of Disbursement  
Contribution

Candidate Name

Rep. William Keating

Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: MA District: 09

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		09		2014

Transaction ID : D160900

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**C. RYAN COSTELLO FOR CONGRESS**

Mailing Address PO BOX 89

City	State	Zip Code
PHOENIXVILLE	PA	19460

Purpose of Disbursement  
Contribution

Candidate Name

RYAN A COSTELLO

Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: PA District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		12		2014

Transaction ID : D161026

Amount of Each Disbursement this Period

1000.00
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SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

4500.00
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American Health Care Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. AL FRANKEN FOR SENATE 2014**

Mailing Address PO BOX 583144

City	State	Zip Code
MINNEAPOLIS	MN	55458

Purpose of Disbursement  
Contribution

Candidate Name

**Sen. Al Franken**

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: MN District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		23		2014

**Transaction ID : D161392**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**B. BOB CASEY FOR SENATE INC**

Mailing Address PO BOX 58746

City	State	Zip Code
Philadelphia	PA	19102

Purpose of Disbursement  
Contribution

Candidate Name

**Sen. Bob Casey**

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2018
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: PA District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		09		2014

**Transaction ID : D160879**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**C. CHRIS COONS FOR DELAWARE**

Mailing Address PO BOX 9900

City	State	Zip Code
NEWARK	DE	19714

Purpose of Disbursement  
Contribution

Candidate Name

**Sen. Chris Coons**

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: DE District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		09		2014

**Transaction ID : D160899**

Amount of Each Disbursement this Period

1000.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

4500.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American Health Care Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. CORY BOOKER FOR SENATE**

Mailing Address PO Box 32237

City  
NewarkState  
NJZip Code  
07102-0637Purpose of Disbursement  
Contribution

Candidate Name

**Sen. Cory A. Booker**

Office Sought:

☐ House  
☒ Senate  
☐ President

Disbursement For: 2014

☐ Primary ☒ General  
☐ Other (specify) ▼

State: NJ

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	09	/	2014

**Transaction ID : D160895**

Amount of Each Disbursement this Period

5000.00
---------

Full Name (Last, First, Middle Initial)

**B. FRIENDS OF JEANNE SHAHEEN**

Mailing Address 105 N STATE STREET

City  
CONCORDState  
NHZip Code  
03301Purpose of Disbursement  
Contribution

Candidate Name

**Sen. Jeanne Shaheen**

Office Sought:

☐ House  
☒ Senate  
☐ President

Disbursement For: 2014

☐ Primary ☒ General  
☐ Other (specify) ▼

State: NH

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	09	/	2014

**Transaction ID : D160896**

Amount of Each Disbursement this Period

1500.00
---------

Full Name (Last, First, Middle Initial)

**C. FRIENDS OF JEANNE SHAHEEN**

Mailing Address 105 N STATE STREET

City  
CONCORDState  
NHZip Code  
03301Purpose of Disbursement  
Contribution

Candidate Name

**Sen. Jeanne Shaheen**

Office Sought:

☐ House  
☒ Senate  
☐ President

Disbursement For: 2014

☐ Primary ☒ General  
☐ Other (specify) ▼

State: NH

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	09	/	2014

**Transaction ID : D160902**

Amount of Each Disbursement this Period

1000.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

7500.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American Health Care Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. ALEXANDER FOR SENATE 2014 INC**

Mailing Address 228 S WASHINGTON STREET SUITE 115

City	State	Zip Code
ALEXANDRIA	VA	22314

Purpose of Disbursement  
Contribution

Candidate Name

**Sen. Lamar Alexander**

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: TN District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		12		2014

**Transaction ID : D161034**

Amount of Each Disbursement this Period

5000.00
---------

Full Name (Last, First, Middle Initial)

**B. MARK PRYOR FOR US SENATE**

Mailing Address PO BOX 2720

City	State	Zip Code
LITTLE ROCK	AR	72203

Purpose of Disbursement  
Contribution

Candidate Name

**Sen. Mark Pryor**

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: AR District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		12		2014

**Transaction ID : D161019**

Amount of Each Disbursement this Period

1500.00
---------

Full Name (Last, First, Middle Initial)

**C. KIRK FOR SENATE**

Mailing Address P.O. Box 8

City	State	Zip Code
Winnetka	IL	60093

Purpose of Disbursement  
Contribution

Candidate Name

**Sen. Mark Steven Kirk**

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: IL District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		09		2014

**Transaction ID : D160867**

Amount of Each Disbursement this Period

1500.00
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**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

8000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 59 OF 61

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American Health Care Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. PAT ROBERTS FOR US SENATE INC**

Mailing Address PO BOX 433

City GREAT BEND	State KS	Zip Code 67530
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Purpose of Disbursement  
Contribution

Candidate Name

**Sen. PAT ROBERTS**

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: KS District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		12		2014

**Transaction ID : D161032**

Amount of Each Disbursement this Period

5000.00
---------

Full Name (Last, First, Middle Initial)

**B. BLUMENTHAL FOR CONNECTICUT**Mailing Address C/O CACACE TUSCH & SANTAGATA  
777 SUMMER STREET, STE 103

City Stamford	State CT	Zip Code 06901
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Purpose of Disbursement  
Contribution

Candidate Name

**Sen. Richard Blumenthal**

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: CT District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		09		2014

**Transaction ID : D160873**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**C. SUPPORT TO ENSURE VICTORY EVERYWHERE PAC (STEVE PAC)**Mailing Address 228 S Washington St  
Ste 115

City Alexandria	State VA	Zip Code 22314
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Purpose of Disbursement  
Contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		09		2014

**Transaction ID : D160887**

Amount of Each Disbursement this Period

1500.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

9000.00
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 60 OF 61

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American Health Care Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. TRUST PAC TEAM REPUBLICANS FOR UTILIZING SENSIBLE TACTICS**Mailing Address 228 S. Washington Street  
Suite 115

City Alexandria State VA Zip Code 22314

Purpose of Disbursement  
Contribution

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	09	/	2014

**Transaction ID : D160872**

Amount of Each Disbursement this Period

5000.00
---------

Full Name (Last, First, Middle Initial)

**B. Young for Iowa, Inc.**

Mailing Address PO Box 162

City Van Meter State IA Zip Code 50261

Purpose of Disbursement  
Contribution

Candidate Name

**David Young**Office Sought: ☒ House  
☐ Senate  
☐ President  
State: IA District: 03Disbursement For: 2014  
☐ Primary ☒ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	02	/	2014

**Transaction ID : D160747**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
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Amount of Each Disbursement this Period

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**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

6000.00
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153500.00
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 61 OF 61

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American Health Care Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Mr. Richard A Dillon**

Mailing Address 15703 NW Fair Acres Drive

City	State	Zip Code
Vancouver	WA	98685

Purpose of Disbursement  
Refund of 8/29/2014 Contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		19		2014

**Transaction ID : D161244**

Amount of Each Disbursement this Period

5000.00
---------

Full Name (Last, First, Middle Initial)

**B. Todd Hightower**

Mailing Address 217 Lakewood Road

City	State	Zip Code
Van Buren	AR	72956

Purpose of Disbursement  
Refund of 4/17/2014 Contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		19		2014

**Transaction ID : D162277**

Amount of Each Disbursement this Period

1666.67
---------

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City	State	Zip Code
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Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

6666.67
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6666.67
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